



FEDERAL OCCUPATIONAL HEALTH

Improving the health, safety, and productivity of our Federal employees.



CBP Membership Renewal Agreement FY15

Name: _____
(Last) (First) (MI)

Member # _____ Work E-mail: _____

Work Phone: _____ Emergency Point of Contact _____ Phone: _____

AGREEMENT

I hereby certify that I am an eligible candidate for membership by virtue of my position as a direct hire civil servant or otherwise eligible as determined by the criteria established by the governing Agencies. _____ [Applicant's Initials]

MEDICAL INFORMATION

My Initial RRB Fitness Center screening option was: (please circle)

Comprehensive

Mini Screening

No Screening

Screening Expiration Date: _____

I hereby certify that medical health has not changed since I was originally screened and in the event that it does I will notify the staff immediately _____ [Applicant's Initials]

Signature: _____ Date: _____

Staff Initials: _____